

Revised Manifest Summary Report

HUCK MFG CO
HUCK MFG CO

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
06/09/1986		84385443		417	LBS		CMP		
06/09/1986		84385444		12093	LBS		CMP		
07/24/1986		84385413		4587	LBS		CMP		
08/18/1986		84385429		8340	LBS		CMP		
09/18/1986		86265408		5838	LBS		CMP		
12/02/1986		86265441		6672	LBS		CMP		
03/18/1988		87118650		9591	LBS		CMP		
07/21/1988		87118941		5046	LBS		CMP		
11/18/1988		87119400		6881	LBS		CMP		
02/22/1989		88293559		7172	LBS		CMP		
06/16/1989		88677432		6422	LBS		CMP		
09/21/1989		88614803		1376	LBS		CMP		
11/13/1989		88675976		834	LBS		CMP		
11/27/1989		88675951		1701	LBS		CMP		
01/11/1990		88676127		1835	LBS		CMP		
03/13/1990		88646137		2294	LBS		CMP		
07/06/1990		88646158		2252	LBS		CMP		
09/05/1990		88615439		2919	LBS		CMP		
10/29/1990		88646174		3336	LBS		CMP		
01/08/1991		88646185		3085	LBS		CMP		
02/28/1991		88646195		3336	LBS		CMP		
04/23/1991		90728459		3670	LBS		CMP		
06/10/1991		90728465		2294	LBS		CMP		
07/30/1991		90728471		3670	LBS		CMP		
10/17/1991		90728487		6047	LBS		CMP		

Total Records: 25

Default Volume: 0

Total Waste Volume: 55.8524

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HUCK MFG. CO
HUCK MFG CO

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
05/09/1990		88646148		2293.5	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: 1.1468

Please print or type. (Form designed for use on elite (12-pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No CA1D014442918549101118		Manifest Document No 1 of 1		2 Page 1		Information in the shaded areas is not required by Federal law.			
3 Generator's Name and Mailing Address HUCK MFG. CO 900 WATSON CTR RD., CARSON, CA 90745						A. State Manifest Document Number 88646148					
4 Generator's Phone (213) 830-8200						B. State Generator's ID 14A11036005597					
5 Transporter 1 Company Name OMEGA RECOVERY SERVICES				6 US EPA ID Number CA1D01442245001		C. State Transporter's ID 0102384					
7 Transporter 2 Company Name				8 US EPA ID Number		D. Transporter's Phone					
9 Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E WHITTIER BLVD. WHITTIER, CA 90602				10 US EPA ID Number CA1D01442245001		E. State Transporter's ID 213/698-0991					
						F. Transporter's Phone					
						G. State Facility's ID CA1D01442245001					
						H. Facility's Phone 213/698-0991					
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12 Containers No Type		13 Total Quantity Unit		14 Waste No.	
a. WASTE, FLAMMABLE LIQUID, N.O.S., UN#1943 (D001)						0.05 DMD10275 G				State 214	
										EPA/Other D001	
										State	
										EPA/Other	
										State	
b.										State	
c.										State	
d.										State	
J. Additional Descriptions for Materials Listed Above PROFILE # A14401 CETYL ALCOHOL/NAPHTHA MIXTURE						K. Handling Codes for Wastes Listed Above a. 01		b.		c.	
15 Special Handling Instructions and Additional Information GLOVES, GOGGLES REQUIRED KEEP AWAY FROM SOURCES OF IGNITION											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford											
Printed/Typed Name RAYMOND V. ALLEN				Signature <i>[Signature]</i>		Month Day Year DIS0990					
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Robert J. CIRINGEON		Signature <i>[Signature]</i>		Month Day Year DIS0990			
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19				Printed/Typed Name FRANK FORD		Signature <i>[Signature]</i>		Month Day Year 050990			

88646148
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812